

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

APPLICATION FOR RESERVATION OF NAME NONPROFIT CORPORATION

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$20 payable to SECRETARY OF STATE

Telephone # _____
FAX # _____

Pursuant to the provisions of the South Dakota Law, the undersigned hereby applies for reservation of the following name for a period of one hundred twenty (120) days, which period shall not be extended.

1. The name to be reserved is _____

2. Check one to indicate how the reserved name is to be used:

- ☐ Incorporation of a domestic nonprofit corporation
- ☐ Domestic nonprofit corporation intending to change its name
- ☐ Foreign nonprofit corporation intending to make application for a Certificate of Authority
- ☐ Foreign nonprofit corporation authorized in this state intending to change its name
- ☐ Any person intending to organize a foreign nonprofit corporation and to have such corporation make application for a Certificate of Authority

Dated _____

(Signature of the applicant)

(Printed Name)

(Title)

(Address)

(City) (State) (ZIP+4)